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11. The endeavor to prove a man-to-man transference of yellow-fever by means of a particular kind of gnat by the recent American Commission is hardly intelligible for bacillary disease. Moreover, it does not seem to be borne out by their experiments, nor does it appear to satisfy certain endemiological conditions. It is proposed to deal more fully with endemiology and epidemiology of the disease on a later occasion. We think that the evidence in favor of the etiologocal importance of the fine, small bacillus is stronger than any that has yet been adduced for any other pretended yellow-fever germ. At the same time there is a much further work to be done ere its final establishment can be claimed. The acquisition of a new intestinal bacterium would explain the immunity of the acclimatized.

*Report from London—Plague in Cape Town, Africa.*

LONDON, ENGLAND, *February 23, 1901*

SIR: I have the honor to state that the health of England and Wales remains good. For the week ended February 16, there was no death from any quarantinable disease, and only 1 case of smallpox was under treatment in London.

A considerable number of cases of smallpox continue to occur in Glasgow and the neighboring towns. There were yesterday 355 cases in hospital. Since the beginning of the outbreak 130 deaths have occurred. Vaccination and revaccination are being rigorously urged, and it is hoped that the height of the epidemic is passed.

No cases of plague in England have come to my notice. The following statement regarding plague in Cape Town has been issued: Bubonic plague report for the week ended February 16, notifies total of 20 cases; 1 European, 19 colored; 3 deaths; 104 contacts, all colored. Two further cases have since been reported, 1 colored and 1 white.

Respectfully,

A. R. THOMAS,

*Passed Assistant Surgeon, U. S. M. H. S.*

The SURGEON-GENERAL,

*U. S. Marine-Hospital Service.*

FRANCE.

*Plague at Beirut in 1900—Bubonic form weakly contagious.*

PARIS, FRANCE, *February 19, 1901.*

SIR: I have the honor to transmit herewith translation of an article on the epidemic of plague at Beirut in 1900, by Mr. H. de Brun. This study was presented to the Academy of Medicine by Dr. Proust.

Respectfully,

S. B. GRUBBS,

*Assistant Surgeon, U. S. M. H. S.*

The SURGEON-GENERAL,

*U. S. Marine-Hospital Service.*

[Inclosure.]

*A study of the epidemic of plague at Beirut, 1900, by Mr. H. de Brun.*

The most striking fact shown by the observation of the patients is the real value of Yersin's serum. In the case of 3 patients a single injection of 40 c. c. was enough to cause the fever to disappear, to check the progress of the disease, and relieve almost immediately all alarming symptoms. All this in spite of the fact that these patients were only inoculated on the fourth, sixth, and eleventh days of the disease.

The fourth patient, it is true, showed more resistance; he was more seriously infected, and 6 injections were necessary in order to overcome the disease. It is only just to say that the first injection was made here on the eighth day of the disease, and that each one was followed by a marked improvement.

The directions furnished by the Pasteur Institute give 10 to 20 c. c., as the dose to be injected, but it seems that this can be greatly increased with advantage, since we have

never made an injection of less than 40 c. c., and yet have never caused any accident or any malaise. It might be useful to note that 1 of these patients was only 11 years old.

The disease seemed to have been caused by sacks of sugar coming from Alexandria. It did not seem to be contagious. In fact it has not by any means been proved to my satisfaction that the 4 cases, appearing as they did on July 5, 8, 10, and 12, received their contamination from each other. To admit this hypothesis would be to admit, first, a period of incubation exceptionally short, and second, a remarkable power of communicating the infection.

But everything in the history of our patients allows us to exclude this contagious power. Before taking to their beds they were in constant and intimate contact with a great number of workmen; later, when in bed, the father of one of the patients remained by the cot of his son day and night, sleeping and eating in the room where were also the beds of the other 3 plague patients. He nursed his son constantly, and frequently gave him services to the other sufferers, yet neither this father, nor the physician on special duty with these cases, nor the many physicians that came many times to study the cases had the slightest illness. It is then probable that the patients were all infected from the same source, and that none of them gave the disease to any one else.

What is true for Beirut is also true for Smyrna and for Alexandria where the malady, according to the expressions of the commission appointed to study it "was carried rapidly to several points without using man as the vehicle." Besides, it is a fact that a contagious disease will strike only 5 people in a city of 125,000 inhabitants as Beirut, or attack only 22 persons scattered here and there in a large city like Smyrna, especially when in these two cities the first cases were ignored, and on that account the ordinary measures of isolation and disinfection were not taken from the beginning. Is it a fact that a contagious disease will limit itself to a few isolated cases as at Alexandria without spreading to neighboring or other localities with which the contaminated city has direct and constant railroad communication during the entire duration of the epidemic?

If I insist upon the weak contagious power of the bubonic plague that I have observed, it is because I have seen the disastrous effects of an indescribable fright which nothing justified, fright born of the idea that plague is a disease horribly contagious. Again, it seems necessary to separate distinctly from the standpoint of its transmissibility, plague exclusively bubonic, from plague of the pneumonic form. The first sometimes very mild clinically is also often very slightly contractable; the second, on the contrary, nearly always very grave, is extremely contagious on account of the presence of large quantities of the bacilli of Yersin, in the sputum. If this distinction had been made, it would have avoided for the population of Beirut and Liban many measures that being useless and vexatious, caused them incalculable prejudice.

#### GERMANY.

##### *Reports from Berlin as to plague in Cape Town, Africa.*

[Clipping from the Berliner Tageblatt, February 26. Sent by P. A. Surg. J. B. Greene.]

BERLIN, GERMANY, *February 27, 1901.*

*Cape Town, February 25.*—Up to this date there have been 31 persons here sick with the plague, among them 1 European. There are 24 cases under medical treatment. Several among them are very severe, and are likely to have a fatal termination. One of the dangerously ill patients is an European. Two new cases were reported to-day in the city. Twenty-five Europeans, 32 colored men, 93 Kaffirs, and 9 Indians who had been in contact with the patients are under medical observation at the isolated station.

##### *Plague in Cape Colony.*

[Clipping from the Berliner Tageblatt, February 28, 1901.]

BERLIN, GERMANY, *February 28, 1901.*

*Cape Colony, February 27.*—Yesterday 7 new cases of plague were reported; among them was an European woman in the lower part of the town. Another case was that of an European in the better part of the city. A Kaffir has died of the plague in a house near the cathedral.